REPORT TO LIEUTENANT GOVERNOR PETER D. KINDER, CHAIR, MISSOURI MENTAL HEALTH TASK FORCE

AND

THE MISSOURI MENTAL HEALTH COMMISSION

FINDINGS AND RECOMMENDATIONS

Bernard Simons, Director, Division of Mental Retardation and Developmental Disabilities
Chair

May 1, 2007

Division of Mental Retardation and Developmental Disabilities

The Division of Mental Retardation and Developmental Disabilities (MRDD), established in 1974, serves persons with developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue. To be eligible for services from the Division, persons with these disabilities must have substantial functional limitations in two (2) or more of the following six (6) areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency and mobility.

The Division's focus is on improving the lives of persons with developmental disabilities and their families through programs and services to enable those persons to live independently and productively. The Division, as outlined in 633.010 RSMo, is charged with the responsibility of ensuring that mental retardation and developmental disabilities prevention, evaluation, care, habilitation and rehabilitation services are accessible, wherever possible. Furthermore, the division has the responsibility in supervision of division residential facilities, day programs and other specialized services operated by the department, and oversight over facilities, programs and services funded or licensed by the department. In 1988, the Division began participation in the Medicaid home and community-based waiver program, designed to help expand needed services throughout the state.

The Division operates 17 entities that provide directly or through contracts purchase specialized services. The Division's eleven (11) regional centers provide service coordination and work with individuals, families and contracts with Senate Bill 40 (SB40) Boards which are established under Section 205.968 thru 205.972 RSMo 2000 and passed by individual county voters, Affiliated Community Service Providers (ACSP) as described in 9 C.S.R. 25-2.005-2.105, and with private providers for the provision of a comprehensive array of services in the following areas: Albany, Central Missouri, Hannibal, Joplin, Kansas City, Kirksville, Poplar Bluff, Rolla, Sikeston, Springfield, St. Louis. There are also six state operated habilitation centers - Bellefontaine Habilitation Center, Higginsville Habilitation Center, Marshall Habilitation Center, Nevada Habilitation Center, Southeast Missouri Residential Services , St. Louis DDTC ; which provide residential care and habilitation services.

The regional centers are the primary points of entry into and exit from the system, and provide assessment and case management services, which include coordination of each individual's person centered plan. The habilitation centers primarily serve individuals who are medically and behaviorally challenged or court committed.

BACKGROUND

In 2006, Governor Matt Blunt appointed the Missouri Mental Health Task Force, chaired by Lt. Governor Peter Kinder, to review best practices, to conduct field hearings for obtaining public input, and to make recommendations for changes to the mental health system that will keep children and adults with disabilities safe from abuse and neglect. The formation of the task force was prompted by reports from the State Auditor in 2005 and the St. Louis Post-Dispatch in June 2006 about serious incidents of abuse and neglect of individuals served in facilities and programs operated or contracted by the Missouri Department of Mental Health (DMH).

The Task Force published a report in November 2006 that included 25 recommendations for improvement. Recommendation number 24 addressed public-private partnerships in the Division of Mental Retardation/Developmental Disabilities (MRDD). The recommendation read in full:

24. *The Department of Mental Health, Division of Mental Retardation/ Developmental Disabilities (MRDD), shall create a committee of key stakeholders to evaluate the feasibility of public-private partnerships to deliver case management services, determine eligibility, manage local wait lists, and provide and/or contract for a system of programs and services in their local areas.*

    This committee should examine proposals to transfer many of the functions provided by the 11 Regional Centers currently operated by the Department of Mental Health to local entities.

    Members of the committee, which should be chaired by the Director of MRDD, should include representatives from provider organizations, SB 40 Boards, family members or guardians of a person with a disability, self-advocates, Regional Center employees, Missouri Protection and Advocacy Services, and the Missouri Planning Council. A final report with recommendations should be submitted to the Mental Health Commission and the Lieutenant Governor by May 1, 2007. The feasibility report should include a study of economic impact, timelines, and strategies for implementation if so recommended, along with proposed legislation if needed.

The Missouri Mental Health Task Force recommendation number 24 charged Bernard Simons, Director of the Division of MRDD, to convene a committee of key stakeholders. With respect to the appointment process of the committee, the Division solicited nominations from key stakeholder groups as outlined in the Mental Health Task Force recommendation and had representation from around the State. All meetings were open to the public to ensure transparency. The committee convened for the first time on January 24, 2007.

Recommendation #24 Committee of Stakeholder Members

1. **Bernard Simons**, Director, Division of Mental Retardation and Developmental Disabilities, Missouri Department of Mental Health, Chair

2. **Gene Barnes**, President and CEO, The Arc of the Ozarks, representing the Missouri Chapter of the American Network of Community Options & Resources (MO-ANCOR) member

3. **Mike Hanrahan**, President , Missouri Chapter of the Arc of the U.S., parent

4. **Vim Horn**, Associate Director, Institute for Human Development (UCEDD), University of Missouri, Kansas City, representing the Missouri Planning Council for Developmental Disabilities

5. **Byron Koster**, Senior Advocate, Missouri Protection and Advocacy (MOP&A)

6. **Cindy Mueller**, Director, St Louis Regional Center-South, Division of Mental Retardation and Developmental Disabilities, Missouri Department of Mental Health

7. **Lori Perdieu**, Self-Advocate

8. **Jacqueline Swinnie**, Parent

9. **Les Wagner**, Executive Director, Boone County Family Resources, Boone County Senate Bill-40 Board– Affiliated Community Service Provider

10. **Lois Warren**, Assistant Director, Hannibal Regional Center, Division of Mental Retardation and Developmental Disabilities, Missouri Department of Mental Health

11. **Wendy Witcig**, Executive Director, Triality, Inc. representing the Missouri Association of Rehabilitation Facilities (MARF)

12. **George Woodward**, Director, Lawrence County Board for the Developmentally Disabled, Senate Bill 40 Board– representing Non-Missouri Association of County Developmental Disabilities Services (MACDDS), parent

13. **Jennifer Wooldridge**, Executive Director, Jefferson County Developmental Disabilities Resource Board, Jefferson County Senate Bill 40 Board— representing the Missouri Association of County Developmental Disabilities Services (MACDDS)

The Committee offers this report of its deliberations and recommendations to the Lt. Governor and the Mental Health Commission for further action.

MEETINGS AND PRODUCTS

The MRDD Stakeholders Committee on Recommendation 24 met in Jefferson City on January 24, February 5, February 21, March 7, March 21, and April 4. The meetings were supported by the Division of MRDD staff--Tec Chapman, Jeff Grosvenor, Kay Green, Nancy Schetzler, Paula Fick, Kelly McDonald, and Brenda Gregor; and an independent facilitator, Mahree Skala.

At the first meeting, the Committee heard presentations of three proposals to transfer functions currently provided by the Regional Centers to local entities (see Appendix A). The presentations were made by the Jasper County Sheltered Facilities Board, the Missouri Association of Rehabilitation Facilities, and the Coalition (Missouri Association of County Developmental Disability Services, Missouri chapter of the Association MOANCOR, and the Missouri Association of Rehabilitation Facilities). In order to frame the future restructure of the regional centers, Bernard Simons, Chair of the Committee and Director of the Division of MRDD, presented a conceptual plan for a new Regional Center Structure and Functions (see Appendix B).

At the February 5 meeting, the Committee identified the qualities they desired to see reflected in the statewide system of MRDD services. These became the values that guided subsequent discussions and the recommendations. The Committee concluded that the system should be:

1. Efficient
2. Participant centered/driven
3. Effective
4. Flexible
5. Innovative
6. Accountable, with high quality and mechanisms for continuous improvement
7. Fair and equitable
8. Consistent across the state
9. Effective in partnering with communities
10. Attractive to top quality service providers
11. Respectful and effective in the use of current MRDD staff
12. Supportive of information sharing

Beginning with the February 5 meeting and continuing on February 21, the Committee analyzed and discussed various aspects of the statewide system of services that would need to be addressed in order to expand public-private partnerships. The Division of MRDD provided a review of its statutory responsibilities (see Appendix C). The February 5 and 21 discussions were summarized in a document titled “Responsibilities

of MRDD and Administrative Entities," which was finalized at the March 7 meeting (see Appendix D). The March 21 meeting was devoted to crafting the recommendations. The draft report was reviewed, revised, and finalized by the Committee at the April 4 meeting.

COMMITTEE RECOMMENDATIONS

The Committee has determined that it is feasible for the Division of MRDD to establish contracts with administrative entities to provide targeted case management and other services now being provided by regional centers. This approach can be effective only if the roles and responsibilities of the regional centers and the administrative entities are designed to avoid duplication leading to high quality, comprehensive supports and services for people with developmental disabilities and their families.

There should be a detailed phase-in plan for each region with timelines and monitoring of continuity of services during and after the phase-in period. The Division of MRDD should work with other key stakeholders, such as regional developmental disability advisory councils, in the development and implementation of such plans.

1. The Committee believes the Division of MRDD will continue to need regional centers and recommend that each center have a director. The reorganized regional centers shall have responsibilities related to consumer relations, business administration, resource administration, assuring the availability of clinical services, and quality assurance (see Appendix B). We further recommend the Division of MRDD make a concerted effort to minimize the impact of the recommended changes on current regional center employees, and that a plan be developed to guide and articulate the transition process.

2. The Committee recommends that the number of administrative entities in each region be determined by the Division of MRDD to assure that services are available, economical and effective, and that access to services is equitable across regions, taking into account geographic variations.

3. The Committee recommends that the Division of MRDD develop standards for administrative entities, with assistance from a broad range of existing stakeholders. The following should be considered during standards development:

A. MRDD should clearly identify the capacities required in order for an agency to serve as an administrative entity.

B. MRDD should work with existing agencies, including SB 40 Boards,

designate Affiliated Community Service Providers, and not-for-profit organizations to review each entity's charter and expand their capacity to assume the responsibilities of administrative entities (in multiple counties if necessary). If an administrative entity seeks to cover multiple counties, such administrative entity shall develop contractual agreements with SB 40 boards in counties where the administrative entity is to serve.

C. In counties where SB 40 Boards do not exist, are determined not to have the capacity, or choose not to become administrative entities or to do so only in part, MRDD should expand partnerships with not-for-profit organizations that have community boards and are determined to have the capacity to assume the responsibilities of an administrative entity.

D. The criteria for an agency to serve as an administrative entity should require a demonstrated track record, including:
    - national accreditation (CARF or Council) or equivalent or certified by MRDD; and
    - fiscal stability, and
    - high consumer satisfaction as measured through a systematic, ongoing data collection of information from consumers using valid and reliable assessments.

4. The Committee recommends that the Division of MRDD contract with administrative entities to address the following responsibilities and accountability mechanisms. As these roles and responsibilities are contracted for, performance based mechanisms will be included to assure contractual obligations are met. The following roles and responsibilities may be included, but shall not be limited to:

- Case management/service coordination (provided by local service agencies, or by the administrative entity itself)
- Clinical services (provided by local service agencies, or by the administrative entity itself)
- Provider development and outreach
- Provider technical assistance
- Provider monitoring and oversight
- Community outreach
- Intake processes and procedures
- Local waitlist management
- Utilization review
- Consumer transitions from habilitation centers into the community, and from school to adult activities
- In-home supports
- Training and reporting requirements, including reporting of abuse/neglect

- Processes for receiving, addressing, and resolving complaints and grievances against administrative entities and local service providers
- Enforcement of contracts with local service providers (see recommendation number 6)
- Quality Assurance (see following additional consideration)

For more detail, see Appendix D.

Additional consideration:

All administrative entities (SB 40 Boards, Affiliated Community Support Providers, and not-for-profit organizations) should be subject to the same level of safeguards regarding consumer choice (i.e., ensuring Client Choice of Provider Statements are obtained and are maintained in the individual's case record).

5. The Committee recommends the Division of MRDD actively collaborate with the administrative entities to assure high quality, comprehensive services, and to clearly define the roles and responsibilities of MRDD and the administrative entities in relation to quality assurance (Q/A). The Division of MRDD will continue to have a critical role in the Q/A system trending data at the organizational, regional and state level as well as assuring high standards for services. The Committee recommends the Division of MRDD consider the following in setting forth Q/A roles and responsibilities:

A. The system of quality assurance assures that administrative entities do not have sole responsibility for oversight of their own services.

B. The division of MRDD will provide feedback information through the MRDD Q/A system, to assure that the administrative entity can take informed and appropriate actions to improve the quality of local and regional services, as well as outcomes.

C. Self-advocates, families, guardians and advocates have an active role in the Q/A process.

D. The Q/A system avoids duplicative data collection.

E. Administrative entities are provided with a workable data system that has adequate security mechanisms to assure appropriate confidentiality of client data.

6. The Committee recommends the Division of MRDD define the roles and responsibilities of the administrative entities with respect to agencies contracted to provide supports and services. The Committee recommends the Division of MRDD consider the following in setting forth roles and responsibilities related to service contracts:

A. Expand the use of existing mechanisms set forth in statute (such as Affiliated Community Service Providers) to share state and local responsibility for service contracts, to assure informed choices and effective and efficient use of the resources with the minimum amount of duplication, fragmentation, and unnecessary expenditures.

B. Contracts shall define the roles and responsibilities of the Division MRDD and the administrative entities in contract enforcement to include, but not be limited to the powers, functions and duties of the Division as outlined in Section 633.010.2(4), (7), (8), (9), (11), (12), (13), RSMo 2000.

C. The Division of MRDD and administrative entities investigate and apply best practices to improve contract enforcement which increases quality of supports and services, and outcomes for consumers.

7. The Committee recommends that the Division of MRDD define the roles and responsibilities of the administrative entities with respect to allegations of abuse or neglect. The Committee recommends the Division of MRDD consider the following in setting forth roles and responsibilities related to abuse and neglect investigations (including but not limited to):

A. Investigation of allegations of abuse and neglect is a shared responsibility of the Division of MRDD and administrative entities.

B. Administrative entities receive information from the Division of MRDD about incidents and trends for Q/A purposes.

C. Education of service providers, individuals and families about abuse/neglect and how/where to report problems is a joint responsibility of the Division of MRDD and the administrative entities.

8. The Committee recommends the Division of MRDD establish mechanisms to address conflicts of interest (or the appearance thereof) in areas where an administrative entity also provides direct service to include the following areas (but not limited to):

A. Oversight of development and implementation of contracts with service providers.

B. Assurance of informed consumer choice in selecting the provider of supports and services.
C. Administrative entity's system of quality assurance and investigations of abuse or neglect.

ECONOMIC IMPACT

The committee's intent is that these recommendations not necessitate significant new general revenue appropriations. Moreover, the committee strongly believes if these recommendations are implemented, the overall resources to serve Missourians with developmental disabilities and their families will be greatly expanded by coordinating local, state, federal resources, and private donations at the community level.

As the Division of MRDD and the regional centers transition to the proposed new regional center structure, roles and responsibilities, as well as administrative entities beginning to assume the functions, roles, and responsibilities that the Committee has recommended, we encourage the Division to work with existing regional center personnel to transition into these new roles and responsibilities as the Division moves forward in future endeavors. The Committee recognizes the transition process to fulfill the recommendations of the Committee will be a multi-year initiative.

APPENDICES

A. Three proposals and side-by-side comparison
B. Regional Center Structure and Functions diagram
C. RSMo Chart Document
D. Responsibilities of the Division of MRDD and Administrative Entities

PROPOSAL

Jasper County Sheltered Facilities Board
And
Department of Mental Health

The Jasper County Sheltered Facilities Board, through leadership and advocacy, shall promote and support quality comprehensive community services for persons with developmental disabilities and their families in Jasper County.

1. **Intent of Proposal**
    a. Jasper County Sheltered Facilities Board (herein after referred to as JCSFB) recommends a pilot contractual agreement with the Department of Mental Health (hereinafter referred to as DMH) to shift administrative functions from the Joplin Regional Center to the JCSFB. This would include Case management and the management of Federal and State funding dollars. SB 40 was approved by Jasper County voters in 1976 and has since provided contracted services for persons with developmental disabilities throughout Jasper County.

    b. County Developmental Disabilities Boards across the state are set up as the locally recognized authority to dispense tax dollars to benefit citizens with developmental disabilities. JCSFB believes that this local control provides solutions for its citizens with developmental disabilities. Local government has its finger on the pulse on the individual community and can more accurately assess and address the needs of its citizens.

    c. JCSFB feels that the arrangement described in this proposal would allow for:
        i. Local control of decisions could create greater responsiveness to service delivery concerns
        ii. A continued separation between the advocacy for service and the provision of service
        iii. A continued choice of multiple service providers
        iv. Being only a region the project size is more manageable and easier to maintain and collect data

2. **Division of Responsibilities**
    a. **The Department of Mental Health would be responsible for the following:**
        i. Complete all required functions for determination of eligibility
        ii. Redetermine eligibility at ages of 5, 18, and 22 and any time there is a reason to believe that an individual may no longer meet the eligibility requirements
        iii. Discharge individuals from DMH when appropriate
        iv. Investigate Abuse Neglect allegations at the state and local level, while informing JCSFB of needed information regarding the outcomes of the investigation as well any requirements to be implemented by TCM and the service provider
        v. Provide access to State sponsored trainings
        vi. Retain the records depository
        vii. Direct Service Provider Training as determined by DMH
        viii. Quality Assurance to include monitoring, state certification and conducting service delivery audits of service providers
        ix. Participate with JCSFB in the medical and financial oversight portions of the service monitoring for individuals in placement. The Regional Center RN and the

Regional Center Accounting personnel have the expertise and the access to information that service coordinators do not have.

x. Responsible for writing the plan of care and will facilitate the necessary meetings to do so
xi. Responsible for inspecting prospective placement facility or ISL prior to individual moving in
xii. Responsible for tracking service monitoring trends and assist case management and agency in correcting issues
xiii. Responsible for tracking ITS and APTS databases and providing JCSFB with information regarding any trends
xiv. Case Management for:
    1. Persons that have a condition of such a nature that their needs cannot be met by JCSFB
    2. Bates County
xv. Provide JCSFB served clients access to the Attorney General for their guardianship concerns
xvi. Negotiate with CMS in the approval and allocation of the Statewide Waiver Programs while partnering with JCSFB
xvii. Responsible for developing the State plan to secure coordinated mental retardation and developmental disabilities habilitation services
xviii. Determine provider eligibility, maintain and update contracts and negotiate provider rates
xix. Responsible for the Human Rights Committee and associated approval and documentation as well as any necessary provision for Behavior Resource functions
xx. Provide oversight for OHCDS (fiscal intermediary) agreements
xxi. Continue to advocate for DMH consumers including in the state budgeting process
xxii. Continue to be the coordinator of the Autism project
xxiii. Continue to be the liaison for the Elks Dental Clinic
xxiv. Responsible for issuing Choices for Families checks, monitor documentation and provide an extra layer of monitoring to ensure that any services authorized do not exceed the maximum allowable
xxv. Responsible for completing the standard means tests
xxvi. Responsible for disbursing and tracking NAF's funds
xxvii. Responsible for updating JCSFB regarding any changes in an individual's Medicaid, Waiver eligibility, and social security status
xxviii. Allow JCSFB to utilize the current billing system and CIMOR when it is functional and provide JCSFB with technical support
xxix. Responsible for performing all financial functions regarding interdivisional slots
xxx. Act as Liaison between JCSFB and other state agencies or programs such as Children's Division, Show-Me Kids, Attorney General, etc.
xxxi. Responsible to inform JCSFB about updates, changes in protocol, legislation, and other information relevant to TCM operations
xxxii. Complete the transition process for individuals residing in a Habilitation Center to community placement
xxxiii. Provide support to JCSFB through the transition process

b. The JCSFB would be responsible for the following:

i. Provide Case Management Services for Henry, St Clair, Cedar, Vernon, Barton, Jasper, Newton, McDonald, Dade, Lawrence and Barry counties

ii. Maintain the same JCSFB benefit package to include LAGERS, health insurance, accrued vacation and sick leave and 10 holidays. These benefits draw highly qualified case managers into the system therefore maintaining the current quality of service delivery
iii. Manage Federal and State funding dollars by expanding our current Funding Agreement
iv. Accountable for the appropriate allocation of Federal, State and local funding dollars
v. Obtain and report accurate data concerning waiting list needs, the statistical makeup of persons served, service delivery and forecast
vi. Provide Resource Development/Specialist along with the transfer of General Revenue and Office of Administration funds to the JCSFB
vii. Coordinate an Advisory-Council with a representative from each county served, members of the Council are persons who receive services or their family members
viii. Assure active consumer-oriented participation throughout the system
ix. Assume responsibility for the Utilization Review Process
x. Maintain a case load of 30 to 35 individuals
xi. Provide maximum opportunity for the choice of case manager within an areas team
xii. Participate in the development or revision of the current state plan and waivers
xiii. Provide Case Management for those NHRA individuals who qualify for Olmstead or who appear to be more appropriately placed in a community setting other than a nursing home, or who were receiving case management from JCSFB at the time of their admission to the nursing home.
xiv. JCSFB funds will not be used outside of Jasper County.

c. Initial Contractual Issues

i. The amount of funds that are currently authorized for all services in Regions V needs to be determined and the revenue sources identified.
ii. The amount of caseload growth revenue for FY06 needs to be identified as it relates to Region V.
iii. The amount of funds currently allocated to the Joplin Regional Center; Personnel Services, E & E and the Office of Administration as related to employee positions and operations needs to be determined as related to the services being replaced by the JCSFB
iv. Dispute resolution
1. Level of service as related to the UR Process
2. Eligibility
3. Mutually resolve issues in a positive manner between JCSFB and DMH

d. Areas to monitor

i. Continuation of Federal funding levels
ii. Continuation of State funding levels
iii. Continuation of Local funding levels
iv. State Medicaid Services plan

3. <u>Flow of Resources</u>

a. DMH will deposit the matching funds into the Mental Health Trust Fund: JCSFB will receive 100% reimbursement from Medicaid.
b. Additional revenues generated will be tracked by county and those funds will ten be allocated through the URC process to be spent on waiting list services in the county which generated the revenue.

4. **Efficiency and Effectiveness Measures**
    a. Consumer satisfaction survey of case management will be conducted by JCSFB yearly
    b. Consumer needs survey will be completed by JCSFB yearly in conjunction with the yearly planning process
    c. JCSFB will maintain the waiting list and movement
    d. JCSFB will report on all services authorized and provided per person served
    e. JCSFB will report on funding sources utilized within the service delivery
    f. JCSFB will assure that an outside audit is conducted annually

5. Timeline
    a. JCSFB will assume Case management responsibilities for Jasper county by April 1st 2007
    b. JCSFB will assume Case management responsibilities for Dade, Barry and Lawrence counties all of Jasper County starting July 1st 2007
    c. JCSFB will assume Case management responsibilities for Newton and McDonald counties by October 1st 2007
    d. JCSFB will assume Case management responsibilities for Vernon, Barton, Henry, St Clair and Cedar by January 1st 2008
    e. JCSFB will assume all authorization for the service delivery and management of Federal and State funding dollars by July 1st 2007.

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Jeff Hammons, Board President Alecia J Nissen, Executive Director

Appendix A: Missouri State Statutes

Cooperation with other groups.

630.060. The department shall seek and encourage cooperation and active participation of communities, counties, organizations, agencies, private and not-for-profit corporations and individuals in the effort to establish and maintain quality programs and services for persons affected by mental disorders, developmental disabilities or alcohol or drug abuse. The department shall develop programs of public information and education for this purpose.

Responsibilities, powers, functions and duties of division.

633.010. 1. The division of mental retardation and developmental disabilities, created by the omnibus reorganization act of 1974, section 9, appendix B, RSMo, shall be a division of the department. The division shall have the responsibility of insuring that mental retardation and developmental disabilities prevention, evaluation, care, habilitation and rehabilitation services are accessible, wherever possible. The division shall have and exercise supervision of division residential facilities, day programs and other specialized services operated by the department, and oversight over facilities, programs and services funded or licensed by the department.

2. The powers, functions and duties of the division shall include the following:

(1) Provision of funds for the planning and implementation of accessible programs to serve persons affected by mental retardation or developmental disabilities;

(2) Review of mental retardation and developmental disabilities plans submitted to receive state and federal funds allocated by the department;

(3) Provision of technical assistance and training to community-based programs to assist in the planning and implementation of quality services;

(4) Assurance of program quality in compliance with such appropriate standards as may be established by the department;

(5) Sponsorship and encouragement of research into the causes, effects, prevention, habilitation and rehabilitation of mental retardation and developmental disabilities;

(6) Provision of public information relating to mental retardation and developmental disabilities and their habilitation;

(7) Cooperation with nonstate governmental agencies and the private sector in establishing, conducting, integrating and coordinating mental retardation and developmental disabilities programs and projects;

(8) Cooperation with other state agencies to encourage appropriate health facilities to serve, without discrimination, persons who are mentally retarded or developmentally disabled who require medical care and to provide them with adequate and appropriate services;

(9) Participation in developing and implementing a statewide plan to alleviate problems relating to mental retardation and developmental disabilities and to overcome the barriers to their solutions;

(10) Encouragement of coordination of division services with other divisions of the department and other state agencies;

(11) Encouragement of the utilization, support, assistance and dedication of volunteers to assist persons affected by mental retardation and developmental disabilities to be accepted and integrated into normal community activities;

(12) Evaluation, or the requirement of the evaluation, including the collection of appropriate necessary information, of mental retardation or developmental disabilities programs to determine their cost-and-benefit effectiveness;

(13) Participation in developing standards for residential facilities, day programs and specialized services operated, funded or licensed by the department for persons affected by mental retardation or developmental disabilities.

Services to be provided.

633.025. The division may provide habilitation and such related services directly or through contracts with an appropriate residential facility, day program or specialized service licensed and funded by the department.

Department to develop state plan, contents.

633.030. 1. The department shall prepare a state plan to secure coordinated mental retardation and developmental disabilities habilitation services accessible to persons in need of them in defined geographic areas, which plan shall be reviewed and revised annually.

2. The state plan shall include, but not be limited to, the following:

(1) A needs-assessment of the state to determine underserved, unserved and inappropriately served populations and areas;

(2) Statements of short-term and long-term goals for meeting the needs of currently served, underserved, unserved or inappropriately served populations and areas of the state;

(3) An inventory of existing private and public residential facilities, day programs and other service providers offering mental retardation or developmental disability evaluation and habilitation services;

(4) Evaluations of the effects of habilitation programs;

(5) Descriptions of the following:

(a) Methods for assuring active consumer-oriented citizen participation throughout the system;

(b) Strategies and procedures for encouraging, coordinating and integrating community-based services, wherever practicable, to avoid duplication by private, not-for-profit and public state and community-based providers of services;

(c) Methods for monitoring the quality of evaluation and habilitation services funded by the state;

(d) Rules which set standards for construction, staffing, operations and programs, as appropriate, for any public or private entity to meet for receiving state licensing, certification or funding; and

(e) Plans for addressing the particular mental retardation and developmental disability service needs of each region, including special strategies for rural and urban unserved, underserved or inappropriately served populations in areas of the state.

3. In preparing the state plan, the department shall take into consideration its regional plans.

Regional centers to secure services.

633.105. The regional centers shall be the entry and exit points in each region responsible for securing comprehensive mental retardation and developmental disability services for clients of the department. The center shall carry out this responsibility either through contracts purchasing the required services or through the direct provision of the services if community-based services are not available, economical or as effective for the provision of the services.

Entities to be used by regional centers.

633.115. The regional center shall secure services for its clients in the least restrictive environment consistent with individualized habilitation plans. As a result of its comprehensive evaluation, the regional center shall utilize the following entities to secure services:

(1) Agencies serving persons not diagnosed as mentally retarded or developmentally disabled in which the client would be eligible to receive available services or in which the services could be made available to the client through the purchase of assistive or supportive services;

(2) Agencies serving mentally retarded or developmentally disabled persons in which the client would be eligible to receive available services or in which services could be made available to the client through the purchase of assistive or supportive services;

(3) The regional center on a day-program basis;

(4) The regional center for short-term residential services, not to exceed six months, unless expressly authorized for a longer period by the division director;

(5) A residential facility licensed through the department placement program, but not operated by the department;

(6) A mental retardation facility operated by the department for clients who are developmentally disabled or mentally retarded.

Short title.

67.330. It is hereby declared the policy of the general assembly of the state of Missouri that all forms of contractual and cooperative services that promote the economy and efficiency of operations of local government should be encouraged. Sections 67.330 to 67.390 may be cited as "State-Local Technical Services Act".

Assistance to political subdivisions encouraged.

67.340. All state agencies, within the limits of appropriations for this purpose, are encouraged to assist political subdivisions of the state with information, technical assistance and material aid in the performance of services leading to improvement and economical performance of the service by the political subdivisions of the state.

Use of state data processing equipment by political subdivisions.

67.350. Political subdivisions of the state are authorized to enter into agreement with the office of administration, within the limits of the appropriations of said office for this purpose; and are authorized to utilize the services of the state agency and are authorized to transport records as required to place their records into state data processing machinery and are authorized to delegate such responsibilities as required to the state agency performing the function for the political subdivision. The state agency shall give a receipt for records and materials delivered to it and shall assure the security of the records so handled or stored.

Political subdivisions, use of state procurement service authorized.

67.360. The political subdivisions of the state of Missouri are authorized to utilize such services as may be provided by the state division of purchasing, within the limits of the appropriation of that state agency for this purpose. The governing bodies of the state's political subdivisions may require all offices and individuals of their political subdivision to conform to the requirements, as promulgated by the governing body of the political subdivision involved in the purchasing agreement entered into with the state agency. Governing bodies of all political subdivisions of the state are hereby authorized to enter into agreements with the state agency covering the purchase of materials, supplies and equipment meeting their legal needs and are authorized to delegate to the state agency such functions relating to the purchases as shall be covered by the cooperative agreement with the state agency.

State agencies may contract with political subdivisions.

67.370. 1. It is hereby declared to be the policy of the general assembly that other state agencies, within the limits of their appropriations for this purpose, shall offer technical assistance, in matters related to their duties, to the state's political subdivisions and enter into contractual arrangements with the political subdivisions of the state of Missouri to this end.

2. Political subdivisions of the state are authorized to enter into contractual agreements or cooperative arrangements with the various state agencies offering to provide technical assistance and services provided in subsection 1 of this section. The governing bodies of the state's political subdivisions are authorized to enter into agreements with state agencies and all officers and employees of the political subdivision are to be governed by the provisions of the contractual arrangement as entered into by the governing bodies of this political subdivision of the state.

New Directions for Missourians with Developmental Disabilities
Executive Summary

- There are 27,882 individuals with developmental disabilities served by the Department of Mental Health/Division of Mental Retardation and Developmental Disabilities (DMRDD) in Missouri. Of these, 15,017 receive only case management services, 11,490 receive services from community service providers, and 1,208 reside in state operated habilitation centers.

- A developmental disability is differentiated from other disabilities or mental illness because it is (a) manifested before the age of 22, (b) likely to continue indefinitely, and (c) results in substantial functional limitations in life areas such as mobility, language, learning, self direction, and independent living. Mental Retardation, Cerebral Palsy, Autism, and Down Syndrome are all examples of developmental disabilities.

- The Department of Mental Health operates Regional Centers that provide case management for individuals with developmental disabilities. The Regional Centers operate out of eleven principal sites and supported by numerous satellite locations. They are the primary points of entry into the system, determine eligibility, assessment, quality assurance and authorize funding for services with private community providers.

- It is essential to develop cost effective supports and services to keep people safe from abuse and neglect, avoid costly out of home placement, help families provide for their children when possible and maximize the participation of local agencies to stretch state resources.

- The need for services for people with developmental disabilities is increasing in Missouri. In March of 2005, there were 476 individuals on the waiting list for residential services and 2,761 waiting for a variety of in-home or family supports. The need for more services, the growing number of people waiting for services, and limited financial resources, are reasons to reform the developmental disabilities service delivery system.

- New Directions for Missourians with Developmental Disabilities offers a redesign of the current state operated system. This plan will replace the Regional Centers and utilize private entities to keep people safe from abuse and neglect, increase local participation, lessen the government role, avoid duplication, assure quality and efficiency, and assure that people with developmental disabilities live and work in the community of their choice. It will also stimulate the local economy as new jobs are created by the private sector agencies.

- The Department of Mental Health will no longer oversee the operation of the Regional Centers, but will instead monitor the system for abuse and neglect, service quality, fiscal accountability, and resource development. They will also manage the wait list for people needing services.

New Direction for Missourians with Developmental Disabilities

Proposal
October 11, 2006

We believe that…

> …people with developmental disabilities should be accepted and valued for who they are. They have talents and can contribute to society.
>
> …an individual's needs are best determined and served at the local level.
>
> …people with developmental disabilities and their families should determine the types of services that are best for them.
>
> …service providers should be held accountable for making an improvement in the lives of people with developmental disabilities.
>
> …people with developmental disabilities should have an economic opportunity – to work, succeed, and contribute.
>
> …people with developmental disabilities have the right to be safe -- live free of abuse, neglect and exploitation.

The current environment and changes in leadership within the Division of Mental Retardation and Developmental Disabilities (DMRDD) offer a unique opportunity to dramatically reform the Missouri system of supports and services for people with developmental disabilities. We believe the needs of people with developmental disabilities are best determined and met at the local level with input from individuals who need services, their families and service providers.

Missourians would benefit from a community-based system of privately contracted organizations that will determine and be held accountable for the most appropriate means to deliver a system of supports and services to people with developmental disabilities when services are needed. Policy for this system should be developed with the meaningful participation and input from people with developmental disabilities, family members, community service providers and other stakeholders. Consumer involvement will help assure that there are opportunities for real choices. They understand that inclusion in the community will result in acceptance by the community, thereby reducing the need for specialized, segregated services.

The DMRDD can effectively contract with private not-for-profit agencies to deliver case management services, determine eligibility, manage local wait lists and provide and/or contract for a system of programs and services in their local areas. A localized system encourages partnerships between consumers, families and other community resources, facilitates the delivery of individualized services that are most effective and least costly and provides accountability for the safety of people with developmental disabilities as well as the efficient use of government funds. Administrative Agents will provide and/or contract for services with other providers in their area.

I. Outcomes.

1. Each Administrative Agent (AA) is responsible for the following outcomes and others the DMRDD deems necessary for the well being of the people with developmental disabilities in that area. Failure to produce the following may result in cancellation of the contract:

a) Reduce the incidents of abuse, neglect and mistreatment of people with developmental disabilities;

b) Maintain case manager caseloads of 30 individuals or less;

c) Reduce the number of people on the wait list for services (including those waiting to leave a habilitation center) and increase the number of people served annually by agreed upon numbers;

d) Services offered are in direct response to the input from people with developmental disabilities and their families;

e) The AA and all affiliated providers adhere to rigorous standards, achieve and maintain national accreditation in developmental disabilities services;

f) Reduce the turnover of direct staff employed by the AA and affiliated organizations; and

g) Establish services that allow people living in a habilitation center the opportunity to move into the community.

II. Requirements of Administrative Agents.

1. Not-for-profit organization or any entity organized under SB40.

2. Nationally accredited by CARF or The Council in disability services.

3. Principal has minimum of 10 years experience providing services to people with developmental disabilities.

4. Single not-for-profit organizations or networks may apply.

5. The administrative agent must establish a separate and distinct board of directors to govern the operations of the AA.

III. Responsibilities of the Administrative Agent.

1. The AA is responsible for developing a plan that will address and meet the needs of persons with developmental disabilities who reside in their area. The plan will address how the AA will support choice and increase opportunities for inclusion on the community.

2. The AA plan will address the needs of individuals with special needs (behavioral/medical) and develop the capacity to support those needs in the community. The AA may determine that the special needs of an individual cannot be adequately supported with existing services in the community. In such a determination, the AA will make an appropriate referral to another community setting if possible or state-operated program depending on the level and severity of the individual's need. If a referral is made to a state-operated program, the AA must first demonstrate that all attempts to support the individual in the community of choice have been unsuccessful. The AA must continue efforts to develop community services to provide necessary supports for persons placed in state operated programs.

3. Each AA will act as the single point of application, eligibility determination and referral for persons desiring to receive either information about community services or services within the service area.

    a) If the person moves from one area of the state to another and wants to continue receiving community services, the level of state and federal financial support utilized to provide services and supports for that person is transferred to the person's new location.

Case Management

1. The AA will ensure that each individual who is eligible has a qualified case manager of their choosing.

    a) Case management may be provided by an accredited AA or affiliated provider;

    b) Case managers must be an employee of an AA or an affiliated provider that is accredited and approved to provide case management services;

    c) Case managers will not provide any other direct service except case management;

    d) Case managers cannot supervise or be supervised by anyone responsible for the provision of services;

    e) The AA or affiliated provider may be the provider of case management services and other services to the same individual;

    f) Case managers must meet standards set by the AA including education, experience and fulfillment of ongoing training and education requirements; and

    g) Caseloads may not exceed 30 persons.

2. The case manager will impartially:

    a) Inform a person of the types and availability of community services provided within the service area, deciding which community services the person may need and assist a person in accessing the community services of the person's choice.

Affiliated Providers

1. New providers must meet all guidelines and procedures established by the DMRDD to provide services prior to affiliation with the AA.

2. Community providers must be accredited by CARF or The Council in order to affiliate with the AA. A new provider may affiliate with the AA under a provisional status and will be given a minimum of 12 months to obtain accreditation. The AA may extend the provisional status at its discretion.

3. The AA will contract with community providers to ensure that sufficient services are available in the area. Using affiliated providers, people with developmental disabilities will have a choice of providers, an array of supports and specialized services for those with complex behavioral or health needs. The continuum of services should reflect the preferences of the people with developmental disabilities and their families in the area. The AA will ensure that each community service provider entering into an affiliating agreement abides by the procedures established by the AA and the DMRDD. In meeting this requirement, the AA may refuse to enter into or continue an affiliation agreement with any community service provider under any of these circumstances:

    a) If the provider and the AA cannot agree upon suitable reimbursement rates for services;

b) If the provider has established a pattern of failing or refusing to abide by procedures established by the AA, or failing to comply with its affiliation agreement with the AA; and/or

c) If the AA demonstrates to the satisfaction of the DMRDD that being required to enter into the affiliating agreement would seriously jeopardize the AA's ability to fulfill its responsibilities.

Reporting Responsibilities of AA

1. Collect and report to the DMRDD, all information requested including the following:

   a) The plans of care detailing home and community-based services to be provided to persons served by that program;

   b) Independent financial audits obtained by the AA, as well as any management letters generated as a result of the audits;

   c) Any other information or records the AA has that the DMRDD needs in order to monitor how services are provided in the AA's service area;

   d) Reports of all meetings of the Council of Community Membership and any recommendations made by the Council; and

   e) Quarterly reports on the mandated outcomes for the people with developmental disabilities served by the AA including incidences of abuse and neglect.

Contracting

1. Any AA failing to maintain compliance with the provisions of the contract include progress made towards measurable outcomes for the area may be subject to one or more of the following actions:

   a) The requirements of a corrective action plan, approved by the DMRDD, with specific corrective or improvement activities identified and implemented, measurable outcomes and implementation timelines;

   b) The requirement of a peer review process, with specific review and improvement activities identified and implemented, measurable outcomes and implementation timelines;

   c) Suspension of part or all of the payments provided for in the contract until the violation is corrected; and/or

   d) Cancellation of the contract.

IV. Quality

1. The AA and affiliated providers will design annual quality enhancement plans and submit the plans and a record of progress to the AA and the DMRDD. The plans will include:

   a) Training programs for direct staff and supervisors designed to lessen the likelihood of accidents and injury including medication errors and abuse;

   b) Processes and documentation to frequently monitor community living homes to ensure the well being of the people served;

   c) Documented surveys of satisfaction from people served and their families and actions taken in response to those surveys; and

   d) Copies of a "Whistle Blower" policy and documentation of the distribution to direct staff.

2. The AA and affiliated providers will be immune from civil liability for any response to a request for information about the performance of any direct staff or their supervisor to provide care and support to people with developmental disabilities from a perspective employer.

3. The AA shall create an objective rating system for all affiliated providers to help consumers, families, guardians, case managers and other persons who may provide supports to persons with developmental disabilities assess the quality of a provider. This scoring system shall award points to an organization based on certain criteria, including the status and years of accreditation, certification programs for direct support staff, number of years in business, substantiated abuse and neglect investigations, turnover ratio of direct support staff and other meaningful criteria.

Safety

1. The AA will ensure that each person and his or her family receiving services form the AA or an affiliated provider will receive training to recognize and report abuse/neglect. An abuse/neglect "tool kit" will be provided for all persons served including information about acceptable/unacceptable interactions, the rights of the person served and how to access assistance in an emergency.

2. The AA will ensure that the Person Centered Plan for each person addresses safety/crisis planning should they be subject to or witness abuse/neglect.

3. When an allegation of abuse or neglect has been substantiated against an individual they will be listed as ineligible for employment working with people with developmental disabilities by the DMRDD even if they appeal the findings. If they appeal and the substantiated finding is reversed then they will be eligible for employment working with people with developmental disabilities.

4. Legislation is needed to amend current child abuse protection laws to include mandatory reporting of abuse and neglect of any vulnerable adult.

5. DMRDD will create a toll-free hotline for the reporting of abuse and neglect of persons with disabilities by anyone at anytime.

6. The AA will assure that consumers, parents, guardians, family members and other individuals involved in the support of persons with disabilities have a non-biased and fair resource to help resolve conflicts, complaints and concerns by establishing an ombudsman office. Each local ombudsman shall report to a statewide ombudsman who shall monitor and report unresolved conflicts of interest to DMRDD who is responsible for quality of the system.

7. The AA will develop and support mandatory training criteria for any entity or their employees receiving state funds to support or serve a person with a developmental disability. Additional training programs shall be developed and supported either directly or by sub-contract to enhance the skills of employees who provide direct services. These programs should have minimum requirements for continuing education in order to be certified and approved to work with adults with disabilities.

V. Requests for Proposals.

1. A Request for Proposals (RFP) will be issued when the DMRDD establishes a new AA. Every five (5) years thereafter a RFP will be reissued to solicit proposals for the AA. The existing AA and any other interested parties meeting the requirements may apply. If the AA contract is awarded to a different organization, the current AA, if a service provider, may become an affiliated organization.

2. The RFP will include requests for the following:

a) A statement of the problems thought to exist with the current structure of community services for persons with developmental disabilities within that service area or areas and how the new or realigned AA will address those problems;

b) A description of what specific services the AA will provide and a plan for how other service needs of the proposed service area will be met;

c) A description of the planned structure of governance, organization, staffing and fiscal management procedures that will be used by the new or realigned AA;

d) A long-range financial plan detailing how the new or realigned AA proposes to finance itself during the initial five-year period;

e) A statement of the anticipated fiscal and service impacts that this new or realigned AA will have on all other affected service areas of the state;

f) An endorsement of the proposal by the governing board or boards and chief executive officer or officers of any affected existing AA or an explanation of why an endorsement has not or cannot be obtained;

g) Documentation of the experience and expertise of the applicant including years of experience serving people with developmental disabilities;

h) Verification from national accreditation agency that the organization(s) have full accreditation, the numbers of years and service areas of accreditation and a copy of the previous two survey reports;

i) Verification of not-for-profit status;

j) A plan to meet the required outcomes; and

k) A plan to give people living in habilitation centers access to services in the community.

Approval of Administrative Agents

1. Before the approval or disapproval of a proposal to establish a new AA, or to realign the service area of one or more existing AA, comments from the following will be sought out by the DMRDD:

   a) Consumer and advocacy organizations or representatives;

   b) Other interested individuals and agencies; and

   c) Providers in and near the proposed new or realigned service are or areas.

2. The DMRDD will be responsible for awarding AA contracts.

VI. Wait list.

1. The DMRDD will maintain a statewide wait list and allocate "caseload growth" funding to each AA according to the need in that area. When funds become available through attrition or a reduction in services those funds will be redirected by the AA to meet the needs of persons within that area.

VII. Medicaid Waiver.

1. The DMRDD has total responsibility for writing and amending all Medicaid waivers in accordance with the needs of people with developmental disabilities.

a. The DMRDD will assure that sufficient Medicaid Waiver funds are made available to the AA according to their contract with the AA.

VIII. Habilitation Centers.

1. The DMRDD will be responsible for the operation of the habilitation centers.

2. Each request for admission to a habilitation center will be submitted to the AA responsible for the county in which the person is currently residing.

3. When reviewing each request for admission to a habilitation center the AA will:

   a) Determine whether or not the person is eligible for habilitation center services using state-established guidelines;

   b) Inform the person, the person's family and the person's guardian if one has been appointed, of all services and supports that are available in or near the person's home county;

   c) Offer to provide or arrange to provide these services and supports; and

   d) Send a report to the director of DMRDD to justify each admission.

4. The AA will work with the DMRDD to annually review each person living in a habilitation center to determine if the habilitation center is meeting the needs as addressed in the person's support plan. The AA will ensure the persons support plans address issues preventing them from living in a less restrictive environment.

5. Assure that the person receiving services is informed about supports and services that are provided in the person's home county and that the person has been given the opportunity to choose to receive these services in his or her home county.

IX. Council of Community Members.

1. Council of Community Members will be formed by each AA and approved by the DMRDD to help assure that needs are being met according to the plan developed by the AA.

2. Council membership will be made up of representatives from each of the following areas:

   a) Person with a developmental disability;

   b) Family member or guardian of a person with a developmental disability;

   c) Representative from the AA;

   d) Affiliates of the AA;

   e) Representative from the habilitation center; and

   f) Community members with related interests

3. AA will be responsible for reporting to the Council information about:

   a) Abuse and neglect investigations and results;

   b) Equitable access to services;

   c) Case management services;

d) Quality enhancement activities;

e) Quality assurance results; and

f) Conflicts of Interest and Dispute Resolution.

X. The Missouri Planning Council.

1. DMRDD will solicit written input from the Missouri Planning Council regarding:

   a) Geographic boundaries for each AA, based on population, diversity, transportation within the area and wait list;

   b) Evaluation of the responses to the request for proposal;

   c) Ongoing reviews of the quality of services within each AA region; and

   d) Annual recommendations to address the statewide wait list for service.

2. The Missouri Planning Council will coordinate an ongoing peer review process that facilitates continual improvements in the quality of services of the AA and affiliated providers. The results of the peer reviews will be submitted to the DMRDD and the Council of Community Members.

XI. Dispute Resolution

1. Each AA, in conjunction with the Council of Community Members, will develop and implement a dispute resolution procedure that will provide persons being served by the AA, or by any affiliated provider, with a means for resolving disputes that may arise. Grievances by a parent or individual should first be addressed to the provider, and if unresolved, then filed with the AA. Grievances by providers should first be addressed to the AA.

2. Each AA is responsible for forming a local "Commission" for the purpose of resolving disputes that cannot be resolved directly with the AA. The Commission is comprised of three (3) designated members from each of three groups: Board of Directors for the Administrative Agent, the Division of MRDD and the Council of Community Members.

3. If any grievance is not satisfactorily resolved at the level of AA the final recourse would be to file a grievance with the local "Commission." The decision of the Commission is final.

MR-DD PROGRAM OF EXCELLENCE
(DRAFT CONCEPT AS OF JUNE 2006)

INTRODUCTION:

Much like the Missouri network of Community Mental Health Centers established to serve the CPS Division of DMH as administrative and program agents, there are a number of high quality, CARF accredited, community-based non-profit and/or SB40 board operations that serve the MR-DD Division. These agencies have long-established relationships with their communities, are governed by local citizens much like school boards, and have achieved reputations for responsive and creative service programs.

RECOMMENDATIONS:

The DMR-DD should identify "Programs of Excellence", or "Centers for Excellence" and grant them the same status as CPS Community Mental Health Center administrative agents of the Department.

QUALIFICATIONS AND ELIGIBILITY:

To be considered as a "Program of Excellence", the following criteria should be utilized.

- The agency/provider shall be CARF accredited for all program services purchased by the Division. Such accreditation shall be at the highest level (3 year) and shall have been in existence for a minimum of 6 years.
- The entity must always maintain current evidence of proper insurance/indemnity coverage and provide written assurance that the entity complies with state and federal regulations such as HIPAA, OSHA, IRS, EEOC, and DOL to name a few.
- The entity must possess or acquire a management information system capable of producing required data related to persons served, duration of services, costs for services, case notes, etc.
- The entity must agree to provide/purchase services in accordance with the Missouri Certification Principles for Persons with Developmental Disabilities.
- The entity must assure and provide evidence of a mechanism or input and involvement in planning programs or services from persons served and their families.

- The entity must be able to qualify under various mechanisms/processes to receive Federal Medicaid funding or other State/Federal Funds.
- The entity must maintain overall consumer satisfaction with programs/services delivered at a minimum of 80% as measured by a variety of survey activities.
- The entity must produce and publish an outcome evaluation report (required by accreditation) clearly describing performance goals and indicators which will lead to continuous program/service improvements for persons served.

DELEGATION OF AUTHORITY:

Once the above criteria are met, the DMR-DD (through contractual agreement) should delineate the specific authorities of both the Division and Program of Excellence utilizing the Affiliated Community Service Provider criteria referenced in CSR 25-2.005 and/or existing Missouri statutes. Such delineation of roles may include:

- Defining responsibility for determining the status of eligibility for all persons participating in the programs/services including provisions for self-directed consumer services.
- Defining the minimum number of persons to be served under a lump-sum budget allocation and parameters for increasing/reducing the shared unit agreement.
- Defining roles for conducting abuse/neglect investigations;
- Defining monitoring requirements;
- Defining incentives for ongoing staff training and education. (CDS)
- Providing incentives for outcome performance.

EXPECTED BENEFITS:

Should the leadership of the DMH decide to move forward with the Programs of Excellence concept, the following expected benefits will occur:

1. A reliable, recognized quality standard will be achieved over the period of time required to convert all MR-DD service providers as CARF accredited entities. This commitment will help the Division to maintain consistent and regularly updated best practice national standards as a hallmark of quality.

2. Entities achieving a Program of Excellence designation will require less of the Division's technical assistance allowing the Division's resources to be directed toward providers in the process of achieving that status.
3. A statewide "scorecard" of critical indicators will be developed by which to compare services and outcomes to those served. Such indicators may measure the consumer satisfaction, cost data, defined quality areas such as substantiated abuse/neglect findings and other performance indicators as desired. Once gathered and interpreted, these indicators can be compared to national indicators which will assist our state in determining areas needing extra attention.

OTHER PLANNING NOTES:

In addition to using the comprehensive ACSP designation as a "Program of Excellence", the Division should consider additional levels of designation by establishing criteria for less comprehensive programs perhaps specializing in a specific area of service delivery such as community living services only, but still deserving of exemplary practice recognition. "Mom and Pop" shops should also have criteria established to recognize their contribution to the service delivery system. Such a levels system might be defined as:

Program of Excellence – Level A
Associate – single service only.
Could be Mom and Pop shop, or transportation
Provider, etc.. CARF accredited.

Program of Excellence – Level B
Basic – Limited services but more
than one service funded by DMH. CARF accredited.

Program of Excellence – Level C
Comprehensive – ACSP full range
of services including TCM. CARF
Accredited

DIVISON OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Comparison of Proposals
April 2, 2007

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Qualifications of Private Entity	Administrative agents to be designated by DMRDD. Criteria for administrative agents: 1. Not-for-profit organization or any entity organized under SB40. 2. Nationally accredited in disabilities services by CARF or The Council. 3. Principal has minimum of 10 years experience providing services to people with developmental disabilities. 4. May be single not-for-profit organizations or networks. 5. Must establish a separate and distinct board of directors to govern the operations of the AA or affiliate.	Programs of Centers for Excellence to be designated by DMRDD. Criteria for Program for Excellence: 1. SB 40 or Community-based non-profit CARF accredited, at the highest level (3) year, and shall have been in existence a minimum of 6 years. 2. Entity must have proper insurance and written assurances of compliance with state and federal regulations. 3. Entity must have adequate MIS capacity. 4. Entity must agree to purchase or provide services in accordance with certification principles. 5. Entity must assure and provide evidence of a mechanism or input and involvement in planning programs or services from persons served and their families. 6. Entity must be able to qualify under various mechanisms/processes to receive Federal Medicaid funding or other State/Federal funds. 7. Entity must maintain an overall consumer satisfaction with programs/services delivered at a minimum of 80% as measured by a variety of survey activities.	SB 40 County Board for Developmental Disabilities. Entity would meet all qualifications as determined by the Department of Mental Health.	Administrative Agent designated by Director of DMH in accordance with existing state law and regulations. As per 9 Code of State Regulations 25-2.005, County Board is designated by Director of DMH as Affiliated Community Service Provider (ACSP) – providing an array of defined services per regulation; agency provides, purchases and reimburses individually planned services; may also define additional disability-related services in response to consumer input. Qualified by Medicaid as an Organized Health Care Delivery System (OHCDS) allowing the County Board to contract with non-Medicaid enrolled providers expanding the provider network and offering more choice for consumers, allows money to follow client and provides stable funding to providers. Successful local/state collaboration for 17 years in Boone County (other ASCP's successful in rural areas). Clarifies roles and responsibilities of DMRDD and County Board/Administrative Agent/ACSP related to intake, eligibility, planning, new service development, funding, provider enrollment, contracts management, service authorization, provider payment, case management, individualized planning; quality assurance, abuse and neglect investigation; utilization review; client funds administration; consumer satisfaction; accreditation. Meets all state and federal laws, regulations and standards.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Qualifications of Private Entity (con't)		8. Entity must produce and publish an outcome evaluation report (required by accreditation) clearly describing performance goals and indicators which will lead to continuous program/service improvements for persons served.		
Intake, Eligibility and Case Closing	Administrative agent – single point of application, eligibility determination and referral.	May be delegated by DMRDD to Program for Excellence.	DMRDD Responsible, including the approval of waiver slots and for conducting the Standard Means Test (SMT).	Joint responsibility for client identification, intake and evaluation for eligibility; DMRDD makes final determination of eligibility. County Board/Administrative Agent/ACSP responsible for case closing. County Board/Administrative Agent/ASCP responsible for file maintenance and retention except persons in DMH contracted community placements.
Case Management	Administrative agent (1:30 ratio)	May be delegated by DMRDD to Program for Excellence.	JCSFB performs case management for many individuals in the following 11 counties: Vernon, Barton, Henry, St. Clair, Cedar, Dade, Jasper, Newton, Lawrence, McDonald, and Barry. DMRDD retains responsibility for CM in Bates County, and for individuals with conditions of such a nature that cannot be met by JCSFB. (1:30 to 1:35 ratio)	County Board/Administrative Agent/ACSP provides targeted and DMH case management for all eligible clients in the county except persons in community placements not operated by County Board. Boone County has nationally accredited case management services.
Investigations	DMH responsibility	Roles to be defined.	DMH responsibility	County Board/Administrative Agent/ACSP and DMRDD jointly conduct and coordinate investigations regarding abuse and neglect and provider misconduct.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Community Service Providers	Administrative agent provides or contracts with affiliated providers for programs and services. Community providers must be accredited by CARF or the Council.	Level A Associate --- Single service only. Could be mom and pop shop or transportation provider, etc. Nationally accredited. Level B Basic --- Limited services but more than one service funded by DMH. Nationally accredited. Level C Comprehensive --- ACSP full range of services including TCM. Nationally accredited	DMRDD contracts with providers, while JCFBS prior authorizes services.	County Board contracts with community providers as ACSP and OHCDS and prior authorizes individually planned services; County Board/Administrative Agent/ACSP may contract with agencies or persons serving persons not diagnosed as MR or DD from which the client would be eligible to receive available services and agencies or persons serving MRDD persons from which the client would be eligible to receive services which may be licensed, certified, or nationally accredited as appropriate. County Board as an ACSP and OHCDS contracts with 170 providers and issues over 12,000 individually planned service authorizations for 1,200 clients annually. Money follows client choice. Joint purchasing by County Board/Administrative Agent/ACSP and Regional Center from contracted providers; County Board may purchase from state contracts, State may purchase from county contracts.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Quality Assurance	Administrative designs annual quality enhancement plan, to include: a) Training programs for direct staff and supervisors designed to lessen the likelihood of accidents and injury including medication errors and abuse. b) Processes and documentation to frequently monitor community living homes. c) Satisfaction surveys of people served and their families and actions. d) "Whistle Blower" policy and documentation of distribution to staff. AA to create an objective rating system for affiliated providers to help consumers, families, guardians, case managers and other assess the quality of a provider. Any AA failing to maintain compliance with the provisions of the contract include progress made towards measurable outcomes for the area may be subject to one or more of the following actions: corrective action plan, approved by DMRDD, requirement of peer review process, suspension of part or all the payment provided for the contract until the violation is corrected; and/or cancellation of the contract.	May be delegated by DMRDD to Program for Excellence.	DMRDD responsible for QA to include monitoring, state certification, conducting service delivery audits, and human rights committees. SB40 shall obtain and report accurate data, be accountable for federal and state funding, conduct consumer satisfaction surveys on case management, annually along with an annual consumer needs survey, report on all services authorized and provided per person served, report on funding sources utilized within service delivery, assure that an outside audit is conducted annually.	All agency provided programs are CARF accredited, including Case Management/Services Coordination, Community Integration, Family Support, Supported Living. Boone County Family Support Program was the first nationally accredited family support program in the nation. Client/family satisfaction surveys for all persons served at annual plan meeting with follow-up and satisfaction surveys provided to governing board, funding sources and public. Individual employee performance evaluations tied to consumer satisfaction. Internal and external reviews of safety, including fire safety and sanitation; client rights; individual plan review (Quality Reviews with RC); client record reviews and Medicaid compliance. Full compliance with state and federal program and fiscal compliance reviews and audits. ACSP must comply with Missouri Sunshine Law. ACSP must comply with Missouri Ethics Commission filing requirements for public officials' disclosure of conflicts of interest. Annual independent audit in accordance with OMB Circular A-87 available to public and funding sources as required by law.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Habilitation Centers (HC)	The DMRDD will be responsible for the operation of the habilitation centers. AA responsible for determining eligibility for admission, informing and offering community supports, and reporting HC admissions to the DMRDD director.	Not specified	DMRDD responsible	DMRDD responsible; County Board/Administrative Agent/ACSP coordinates with DMRDD for services for those persons transitioning out of habilitation center.
Medicaid Waiver and State Plan	The DMRDD responsible for writing and amending Medicaid state plan and waivers.	Not specified	JCSFB participates in development or revision of waiver and state.	DMRDD administers Sarah Jian Lopez Waiver, Community Support Waiver, and Comprehensive Waiver; County Board/Administrative Agent/ACSP provides suggestions and feedback on proposed waiver and state plan amendments. County Board/Administrative Agent/ACSP evaluates consumers qualified and likely to benefit from waiver services, requests waiver assignments, writes individualized plans of care and DMH makes final decision on waiver assignment and signs off on IPC's.
Geographic Regions	Not Defined	To be defined by DMRDD, with input from Planning Council.	11 counties: Barry, Barton, Cedar, Dade, Henry, Jasper, Lawrence, McDonald, Newton, St. Clair, Vernon	Geographic regions for Administrative Agents are determined by DMH director as authorized by state law and regulation; County Board/Administrative Agent/ACSP may serve clients in adjacent counties via inter-county agreement.
Waiting List	DMRDD maintains statewide wait list and allocates growth to each AA according to area needs. AA manages local wait list.		Waiting list managed at the local level, while DMRDD approves waiver slots. Utilization review process completed by JCSFB.	Provides greater local control over waiting list management; waiting list for services except for out of home placement in Boone County has been reduced or eliminated.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Reporting Responsibilities	AA to report to DMRDD: Plans of care detailing home and community-based services to the provided independent financial audits and audit findings. Reports of all meetings of the Council of Community Membership and recommendations of the council quarterly reports of the mandated outcomes for the people with developmental disabilities served by the AA including incidences of abuse and neglect. Other information needed by DMRDD.	Not specified	JCSFB to annually conduct and/or report: a. consumer satisfaction survey b. provider satisfaction survey c. consumer needs survey d. maintains waiting list and movement e. services authorized and delivered for each consumer f. Funding sources utilized within service delivery area g. Outside audit conducted annually DMRDD retains all records.	County Board/Administrative Agent/ACSP provides Regional Center with at least quarterly reports which include but are not limited to admissions, discharges, persons served, individually planned services purchased, provided or reimbursed by type of service, unit and unit cost, provider source, total service and total planned cost by month. County Board also provides Regional Center with copies of consumer satisfaction survey results, joint maintenance of current waiting list, accreditation survey results, annual independent audit. DMH and County Board/Administrative Agent/ACSP exchange any anticipated new program development and service provider enrollment information; DMH and County Board/Administrative Agent/ACSP exchange and jointly analyze and state and federal program reviews and audits.
Number of Administrative Agents/ Programs	Number not specified, however the geographic boundaries for each AA will be determined by the DMRDD with input from the Missouri Planning Council, based upon population, diversity, transportation within the area and wait list.	Number not specified		
Estimated Cost of Proposal	Not specified	Programs must be cost neutral to the State	Service Costs for Region V (NOTE: estimate is from 10/05) DMH: $7,877,238 Federal: $11,136,163 Total: $19,023,401	DMH net cost of total array of services is approximately 17%.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Expected Outcomes/ Benefits	a) Reduced incidence of abuse and neglect. b) Reduced case load sizes: 1:30. c) Reduced numbers on wait list for services. d) Services offered are in direct response to the input from people with developmental disabilities and their families. e) AA and all affiliated providers adhere to rigorous standards, achieve and maintain national accreditation. f) Reduce the turnover of direct staff. g) Increased opportunities for people living in a habilitation center to move into the community. h) People with developmental disabilities live and work in the community of their choice.	a) Movement toward all providers with national accreditation over time. b) Programs of Excellence will require less TA from DMRDD, so that resources can be directed to providers to achieve Program of Excellence. c) A statewide "scorecard" of critical indicators will be developed to compare services and outcomes to those served. d) Maintain consistent and regularly updated best practice national standards as a hallmark of quality.	Corresponds to Governor's commitment to reforms to achieve responsive and efficient government. Increase quality of services to persons with developmental disabilities by expanding TCM and creating a system with greater QA measures.	ACSP has resulted in more people working; more intact families; fewer foster home placements; fewer residential placements for adults; more adults establishing personal residences; lower than average incidence of abuse and neglect reports. Improved coordination with other community-based service agencies including Juvenile and Mental Health Court, Public Administrator and Public Housing Authority; County/City Health Department; Federally Qualified Health Center, Emergency Preparedness and Management authorities; joint staff training with other agencies. Better outcomes for persons served due to local coordination with local schools for better coordinated therapies, improved behavior management between school, community and home settings, integrated individualized planning and more employment opportunities through school to work transitions. Flexibility to pursue outside funding with Missouri Housing Trust Fund, MoDOT, Community Development Block Grant, HOME program to expand housing and transportation services to clients including establishment of Project Based Assistance with Section 8 Program. More funding resources to help persons served through more efficient and expanded use of local, state and federal matching fund opportunities. Improved cooperation and innovation between DMH and local communities. Greater public and elected official awareness and support of community MRDD needs and services.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Expected Outcomes/ Benefits (con't)				Local decision making with consumers affords greater **flexibility** in consumer directed supports and providers; Local services are more **accessible** to persons served in their locale by phone, by car or public transportation; ACSP agreements **stabiliz**e funding to providers but maintain the integrity of money follows the client **choices**. Services nested under a not for profit or publicly appointed governing board are more **responsive** resulting in consistently high consumer satisfaction.
New Provider Enrollment	Administrative agent responsibility, using guidelines established by DMRDD.	Not specified	DMRDD, in addition to provider training. JCSFB providers' resource development.	Enrollment done by County Board/Administrative Agent/ACSP.
Rate Setting	Negotiated between AA and provider.	Not specified	Not specified	Whenever possible and appropriate, DMH and County Board /Administrative Agent/ACSP use the same rate structure with waiver rates not to exceed waiver caps. In Boone County, providers have been given COLA's in some years when DMH has not.
Vendor Payment	Not specified	DMH responsibility	DMRDD Transfers funds monthly equal to 1/12 of annual allocation to JCSFB. DMH will pay providers, and oversee the FI program.	In Boone County the ACSP pays providers unless purchasing from state contracts.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Safety	1. AA to ensure training on recognizing and reporting abuse/neglect is provided to people served or their families. 2. Person Centered Plan addresses safety/ crisis planning when individual subject to or witnesses abuse/neglect. 3. When an allegation of abuse or neglect has been substantiated against an individual, will be ineligible for employment working with people with developmental disabilities. Appeal process will be available. 4. Supports legislation to amend current child abuse protection laws to include mandatory reporting of abuse and neglect of any vulnerable adult. 5. Recommends DMRDD establish a toll-free hotline for the reporting of abuse and neglect of persons with disabilities by anyone at anytime. 6. AA will establish ombudsman office, to resolve conflicts, complaints and concerts. Local ombudsman will report to a statewide ombudsman. 7. AA assists with development of mandatory training for entities and individuals providing services.			Complies with building, fire safety codes; complies with national accreditation standards for health and safety; developing emergency preparedness plan with other local emergency authorities including the health dept., fire and police, emergency operations.

	New Directions for Missourians with Developmental Disabilities (MARF Proposal)	Programs of Excellence	Jasper County Sheltered Facilities Board (JCSFB)	Boone County Intergovernmental Agreement - Affiliated Community Service Provider
Relationship with Stakeholders	AA will establish a council of Community Members. Missouri Planning Council to provide input to DMRDD regarding geographic regions for AA's, quality review process, recommendations for wait lists, peer review process.	Program of Excellence must assure input and involvement on planning programs and services from persons served and their families.	Assures active consumer-participation throughout the system via an advisory council comprised of at least 2 persons or their guardians from each county that are receiving supports. DMRDD will coordinate autism projects, liaison for the Elks Dental Clinic.	Governing body is board of directors appointed by elected County Commissioners; governing body includes representation of persons served and their families and includes representation from numerous stakeholder groups, i.e., Elks, public schools, University of Missouri, vocational rehabilitation, independent living center; Missouri Hospital Association, Family Health Center, Columbia Area United Way. Highly engaged stakeholder community that includes providers, persons served, their advocacy groups, local special needs estate planning attorneys, local coordinating council for early childhood services, self advocacy groups, including People First (BCFR named agency of year by People First of Missouri for last 2 years), and numerous other public and private civic and consumer support groups. Not for profit Friends of Boone County Family Resources engages the community and public members in private fundraising and noncash contributions for the further benefit of clients served.

Authority/Enabling Statute		Required	Permissive
Responsibilities, powers, function and duties of division RSMo 633.010	**Shall have responsibility of insuring that MRDD prevention, evaluation, care, habilitation and rehabilitation services** are accessible, wherever possible. Shall have and exercise supervision of division residential facilities, day programs and other specialized services operated by the department, and **oversight over facilities, programs and services funded or licensed** by the department. Powers, functions and duties of the division shall include the following: (1) **provision of funds** for the planning and implementation of accessible programs to serve person affected by MR or DD; (2) **Review of MRDD plans submitted to receive state and federal funds allocated by the department;** (3) **provide technical assistance and training** to community based programs to assist in planning and implementation of quality services; (4) **assurance of program quality in compliance with such appropriate standards** as may be established by the department; (5) **sponsorship and encouragement of research** into the causes, effects, prevention, habilitation and rehabilitation services of MRDD; (6) **Provision of public information** relating to MRDD and their habilitation;	Oversight/Monitoring Oversight/Monitoring/Quality Assurance/Waiver Quality Assurance Quality Assurance/Standards of Supports/Services Information Dissemination Reporting/Monitoring/Data analytics	

	(7) **Cooperation with non-state governmental agencies and the private sector in establishing, conducting, integrating and coordinating** mental retardation and developmental disabilities programs and projects; (8) **Cooperation with other state agencies to encourage appropriate health facilities to serve,** without discrimination, persons who are mentally retarded or developmentally disabled who require medical care and to provide them with adequate and appropriate services; (9) **Participation in developing and implementing a statewide plan** to alleviate problems relating to mental retardation and developmental disabilities and to overcome the barriers to their solutions; (10) Encouragement of **coordination of division services with other divisions** of the department and other state agencies; (11) Encouragement of the **utilization, support, assistance and dedication of volunteers** to assist persons affected by mental retardation and developmental disabilities to be accepted and integrated into normal community activities; (12) **Evaluation, or the requirement of the evaluation, including the collection** of appropriate necessary information, of mental retardation or developmental disabilities programs to determine their **cost-and-benefit effectiveness**; (13) Participation in **developing standards for residential facilities, day programs and specialized services operated, funded or licensed by the department** for persons affected by mental retardation or developmental disabilities.	Coordination/Provider Development/Systems capacity development Coordination/Quality Assurance/Service provision Medicaid Waiver/State Plan oversight/monitoring and development Coordination/reduce duplication Quality Assurance/Oversight/Monitoring/Capacity building Quality Assurance/Data analytics/monitoring and reporting Quality Assurance/Standards/Contracts	

Services to be provided. RSMo 633.025	The division **may** provide habilitation and such related services directly or through contracts with an appropriate residential facility, day program or specialized service licensed and funded by the department.		Either directly or through contract
Mental health department to develop a plan for the needs of persons on waitlist for services--report required, made to whom, when. RSMo 633.032	1. The department of mental health **shall develop a plan to address the needs of persons who are on a waitlist for services, including persons in habilitation centers waiting for community placement.** Such plan shall reflect the partnership between persons with developmental disabilities and their families, community providers, and state officials, and shall support the choice and control of consumers and their families in the delivery of services and supports. Such plan shall include the following: (1) A method to reduce the waitlist for services over a period of five years and to reduce the waiting period to ninety days; (2) A description of minimum supports and services available to all eligible individuals and their families; (3) An evaluation of the capacity of current providers to serve more individuals; (4) A method of adjusting support and service levels based on the needs of the eligible individual combined with family or other relevant circumstances affecting the support of such individual; (5) A method for determining the circumstances when out-of-home twenty-four-hour care may be necessary; (6) A description of how the plan will be implemented on a statewide basis; (7) Any changes in state law that will be required to implement the plan; and (8) An analysis of the budgetary and programmatic effects of providing supports and services for	Utilization Review/Waitlist/State plan Oversight/Quality Assurance/Data Analytics Cos	

	all eligible individuals and their families. 2. The plan required pursuant to this section shall be completed on or before November first each year beginning November 1, 2007. The director of the department of mental health shall annually submit a copy of the plan to the speaker of the house of representatives, the president pro tem of the senate, and the governor.		
Regional centers to secure services. RSMo 633.105.	The **regional centers shall be the entry and exit points in each region** responsible for securing comprehensive mental retardation and developmental disability services for clients of the department. The center **shall** carry out this responsibility **either through contracts purchasing the required services or through the direct provision of the services** if community-based services are not available, economical or as effective for the provision of the services.	Eligibility	Intake/supports/service directly or through contracts
What services may be provided--consent required, when. RSMo 633.110	1. Any person suspected to be mentally retarded or developmentally disabled **shall be eligible for initial diagnostic and counseling services through the regional centers.** 2. **If it is determined by a regional center** through a comprehensive evaluation that a person is mentally retarded or developmentally disabled so as to require the provision of services, and if such person, such person's parent, if the person is a minor, or legal guardian, requests that he be registered as a client of a regional center, the regional center shall, within the limits of available resources, secure a comprehensive program of any necessary services for such person. Such services may include, but need not be limited to, the following: (1) Diagnosis and evaluation; (2) Counseling; (3) Respite care; (4) Recreation;	Eligibility/	Supports/services directly or through contract

	(5) Habilitation; (6) Training; (7) Vocational habilitation; (8) Residential care; (9) Homemaker services; (10) Developmental day care; (11) Sheltered workshops; (12) Referral to appropriate services; (13) Placement; (14) Transportation. 3. In securing the comprehensive program of services, the regional centers **shall** involve the client, his family or his legal guardian in decisions affecting his care, habilitation, placement or referral. Nothing in this chapter shall be construed as authorizing the care, treatment, habilitation, referral or placement of any mentally retarded or developmentally disabled person to any residential facility, day program or other specialized service without the written consent of the client, his parent, if he is a minor, or his legal guardian, unless such care, treatment, habilitation, referral, or placement is authorized pursuant to an order of the court under the provisions of chapter 475, RSMo.		
Entities to be used by regional	The **regional center shall secure services for its clients in the least restrictive environment** consistent with individualized habilitation plans. As a result of its comprehensive evaluation, the	Coordination/oversight/quality assurance	

centers. RSMo 633.115	regional center **shall utilize the following entities to secure services**: (1) Agencies serving persons not diagnosed as mentally retarded or developmentally disabled in which the client would be eligible to receive available services or in which the services could be made available to the client through the purchase of assistive or supportive services; (2) Agencies serving mentally retarded or developmentally disabled persons in which the client would be eligible to receive available services or in which services could be made available to the client through the purchase of assistive or supportive services; (3) The regional center on a day-program basis; (4) The regional center for short-term residential services, not to exceed six months, unless expressly authorized for a longer period by the division director; (5) A residential facility licensed through the department placement program, but not operated by the department; (6) A mental retardation facility operated by the department for clients who are developmentally disabled or mentally retarded.	Division can also provide direct service	Contract with entities for supports/services
Cooperation with other groups. RSMo 630.060	The department **shall seek and encourage cooperation and active participation of communities, counties, organizations, agencies, private and not-for-profit corporations and individuals in the effort to establish and maintain quality programs and services** for persons affected by mental disorders, developmental disabilities or alcohol or drug abuse. The department shall develop programs of public information and education for this purpose.		
Planning activities by department. RSMo 630.065	The department **shall initiate and direct the development of long-range programs and plans with respect to residential facilities, day programs and specialized services operated, funded or licensed by the department for persons** affected by mental disorders, developmental disabilities and alcohol or drug abuse. The department, insofar as practicable, shall coordinate its long-range programs and plans with the program and plan requirements and procedures of relevant federal and state planning and funding agencies. The department **shall supervise a**	State Plan service delivery system/Utilization/Quality Assurance/Oversight/Audit	

	comprehensive utilization quality-assurance and cost-benefit monitoring and auditing program to deal with the facilities, programs and services operated, funded or licensed by the department.		
Purchase of services, procedure--commissioner of administration to cooperate--rules, procedure. RSMo 630.405	1. The department **may purchase services** for patients, residents or clients from **private and public** vendors in this state with funds appropriated for this purpose. 2. Services that may be purchased may include **prevention, diagnosis, evaluation, treatment, habilitation, rehabilitation, transportation and other special services** for persons affected by mental disorders, mental illness, mental retardation, developmental disabilities or alcohol or drug abuse. 3. The commissioner of administration, in consultation with the director, **shall promulgate rules** establishing procedures consistent with the usual state purchasing procedures pursuant to chapter 34, RSMo, for the purchase of services pursuant to this section. The commissioner may authorize the department to purchase any technical service which, in his judgment, can best be purchased direct pursuant to chapter 34, RSMo. The commissioner shall cooperate with the department to purchase timely services appropriate to the needs of the patients, residents or clients of the department. 4. The commissioner of administration **may promulgate rules authorizing the department to review, suspend, terminate, or otherwise take remedial measures** with respect to contracts with vendors as defined in subsection 1 of this section that fail to comply with the requirements of section 210.906, RSMo. 5. The commissioner of administration may promulgate rules for a waiver of chapter 34, RSMo, bidding procedures for the purchase of services for patients, residents and clients with funds appropriated for that purpose if, in the commissioner's judgment, such services can best be purchased directly by the department. 6. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of chapter 536, RSMo		Purchase services from private and public vendors

Administrative entities may be recognized, when--contracting with vendors--subcontracting--department to promulgate rules. RSMo 630.407	1. The department **may recognize providers** as administrative entities under the following circumstances: (1) Vendors operated or funded pursuant to sections 205.975 to 205.990, RSMo; (2) Vendors operated or funded pursuant to sections **205.968 to 205.973, RSMo;** (3) Providers of a consortium of treatment services to the clients of the division of comprehensive psychiatric services as an agent of the division in a service area, except that such providers may not exceed thirty-six in number. 2. Notwithstanding any other provision of law to the contrary, the department **may contract directly with vendors recognized as administrative entities without competitive bids**. 3. Notwithstanding any other provision of law to the contrary, the commissioner of administration **shall delegate the authority to administrative entities which are state facilities to subcontract with other vendors in order to provide a full consortium of treatment services for the service area**. 4. When state contracts allow, the department may authorize administrative entities to use state contracts for pharmaceuticals or other medical supplies for the purchase of these items. 5. A designation as an administrative entity does not entitle a provider to coverage under sections 105.711 to 105.726, RSMo, the state legal expense fund, or other state statutory protections or requirements. 6. The department shall promulgate regulations within twelve months of August 28, 1990, regulating the manner in which they will contract and designate and revoke designations of providers under this section. Such regulations shall not be required when the parties to such contracts are both governmental entities.	Community mental Health centers SB40 Boards	

Affiliation agreements from vendors required. RSMo 630.420	To **coordinate a delivery system of accessible department services, to integrate vendor programs into the department system and to avoid duplication of state-provided or -supported services, the department shall require affiliation agreements with vendors as a condition for receiving purchase-of-service funds.** In the agreements, the department shall assign responsibility to the vendors for providing certain programs for meeting the needs of underserved, unserved or inappropriately served persons for whom the state has the responsibility to serve.	Contracts	
Rules for standards for placement facilities and programs--required standards. RSMo 630.655	1. The department **shall promulgate rules which set forth reasonable standards for residential facilities, day programs or specialized services such that each program's level of service, treatment, habilitation or rehabilitation may be certified and funded accordingly by the department for its placement program clients or as necessary for the facilities or programs, to meet conditions of third-party reimbursement.** 2. The rules **shall** provide for the facilities, programs or services to be reasonably classified as to resident or client population, size, type of services or other classification. 3. The standards contained in the rules shall particularly provide for the following: (1) The admission and commitment criteria, which shall be based upon diagnoses; (2) The care, treatment, habilitation or rehabilitation; (3) The general medical and health care; (4) Adequate physical plant facilities, including fire safety, housekeeping and maintenance standards; (5) Food service facilities; (6) Safety precautions;		

	(7) Drugs and medications; (8) A uniform system of record keeping; (9) Resident or client rights and grievance procedures; (10) Adequate staff. 4. The department **shall certify the facilities, programs or services which meet the standards without the requirement of a fee**.		
Written contracts required. RSMo 630.660	The department **shall require residential facilities, day programs and specialized services to enter into written contracts to receive funding for services rendered to clients placed by the department**.		
Rules for standards for facilities and programs for persons affected by mental disorder, mental illness, mental retardation or developmental disability--classification of facilities and programs -- certain facilities	1. The department **shall promulgate rules setting forth reasonable standards for residential facilities and day programs** for persons who are affected by a mental disorder, mental illness, mental retardation or developmental disability. 2. The rules shall provide for the facilities and programs to be reasonably classified as to resident or client population, size, type of services or other reasonable classification. The department shall design the rules to promote and regulate safe, humane and adequate facilities and programs for the care, treatment, habilitation and rehabilitation of persons described in subsection 1 of this section. 3. The following residential facilities and day programs shall not be licensed by the department: (1) Any facility or program which relies solely upon the use of prayer or spiritual healing; (2) Any educational, special educational or vocational program operated, certified or approved by the state board of education pursuant to chapters 161, 162 and 178, RSMo, and regulations promulgated by the board;	Standards/Oversight/monitoring/regulations	

and programs not to be licensed. RSMo 630.705	(3) Any hospital, facility, program or entity operated by this state or the United States; except that facilities operated by the department shall meet these standards; (4) Any hospital, facility or other entity, excluding those with persons who are mentally retarded and developmentally disabled as defined in section 630.005 otherwise licensed by the state and operating under such license and within the limits of such license, unless the majority of the persons served receive activities and services normally provided by a licensed facility pursuant to this chapter; (5) Any hospital licensed by the department of social services as a psychiatric hospital pursuant to chapter 197, RSMo; (6) Any facility or program **accredited by the Joint Commission on Accreditation of Hospitals, the American Osteopathic Association, Accreditation Council for Services for Mentally Retarded or other Developmentally Disabled Persons, Council on Accreditation of Services for Children and Families, Inc., or the Commission on Accreditation of Rehabilitation Facilities;** (7) Any facility or program caring for less than four persons whose care is not funded by the department.		
Required standards. RSMo 630.710	1. The **standards contained in the rules shall particularly provide** for the following: (1) Admission and commitment criteria, which shall be based upon diagnoses; (2) Care, treatment, habilitation or rehabilitation; (3) General medical and health care; (4) Adequate physical plant facilities, including fire safety, housekeeping and maintenance standards;		

	(5) Food service facilities; (6) Safety precautions; (7) Drugs and medications; (8) Uniform system of record keeping; (9) Resident or client rights and grievance procedures; (10) Adequate staff. 2. The rules containing the standards for living units within facilities or homes **shall provide for such classifications of the living units as are small enough to ensure programs based upon the personal needs of the resident as determined by individualized habilitation or treatment plans**. The units may include distinct parts of other facilities such as wards, wings or floors.		
Inspection by department and others, when--may be ordered, when. RSMo 630.730	1. The department may inspect any residential facility or day program for persons described in section 630.705, RSMo, at any time if a license has been issued to or an application for a license has been filed by the head of such facility or program. The department **shall make or cause to be made at least one inspection per year**. The department may make such other inspections, announced or unannounced, as it deems necessary to carry out the provisions of sections 630.705 to 630.760. The department **may delegate its powers and duties** to investigate and inspect residential facilities and day programs licensed by it to determine compliance with all or part of its standards, to another governmental agency, where practicable, **if the department feels such other** agency is qualified to inspect and license such facilities or programs. The governmental unit shall submit a written report of its findings to the department. The department **may accept the recommendations** of the governmental unit for issuance or revocation of a license. 2. If the department has reasonable grounds to believe that a residential facility or day program required to be licensed under sections 630.705 to 630.760 is operating without a license, and the department is not permitted access to inspect the facility or program, or when the head of such	Monitoring/Quality Assurance	

	facility or program refuses to permit access to the department to inspect the facility or program, the department shall apply to the circuit court of the county in which the premises is located for an order authorizing entry for such inspection, and the court shall issue the order if it finds that the head of the facility or program has refused to permit the department access to inspect such facility or program.		
Noncompliance with law revealed by inspection--procedure--corrective measures, time limit--reinspection, when--probationary license --posting of noncompliance notices. RSMo 630.745	1. If a duly authorized representative of the department finds upon inspection of a residential facility or day program that it is not in compliance with the provisions of sections 630.705 to 630.760, and the standards established thereunder, the head of the facility or program shall be informed of the deficiencies in an exit interview conducted with him. A written report shall be prepared of any deficiency for which there has not been prompt remedial action, and a copy of such report and a written correction order shall be sent to the head of the facility or program by certified mail, return receipt requested, at the facility or program address within twenty working days after the inspection, stating separately each deficiency and the specific statute or regulation violated. 2. The head of the facility or program shall have twenty working days following receipt of the report and correction order to request any conference and to submit a plan of correction for the department's approval which contains specific dates for achieving compliance. Within ten working days after receiving a plan of correction, the department shall give its written approval or rejection of the plan. 3. A reinspection shall be conducted within fifty-five days after the original inspection to determine if deficiencies are being corrected as required in the approved correction plan or any subsequent authorized modification. If the facility or program is not in substantial compliance and the head of the facility or program is not correcting the noncompliance in accordance with the time schedules in his approved plan of correction, the department shall issue a notice of noncompliance, which shall be sent by certified mail, return receipt requested, to the head of the facility or program. 4. The notice of noncompliance shall inform the head of the facility or program that the department may seek the imposition of any of the sanctions and remedies provided for in section	Monitoring/Quality Assurance/Oversight	

	630.755, or any other action authorized by law. 5. At any time after an inspection is conducted, the head of the facility or program may choose to enter into a consent agreement with the department to obtain a probationary license. The consent agreement shall include a provision that the head of the facility or program will voluntarily surrender the license if substantial compliance is not reached in accordance with the terms and deadlines established under the agreement. The agreement shall specify the stages, actions and time span to achieve substantial compliance. 6. If a notice of noncompliance has been issued, the head of the facility or program shall post a copy of the notice of noncompliance and a copy of the most recent inspection report in a conspicuous location in the facility or program, and the department shall send a copy of the notice of noncompliance to any concerned federal, state or local governmental agencies		
Procedure upon finding of noncompliance which may present health or safety dangers. RSMo 630-750	The provisions of section 630.745 notwithstanding, if a duly authorized representative of the department finds upon inspection of a licensed residential facility or day program, and the director finds upon review, that the facility or program is not in substantial compliance with a standard or standards the violations of which would present either an imminent danger to the health, safety or welfare of any resident or a substantial probability that death or serious physical harm would result and which is not immediately corrected, the department shall: (1) Give immediate written notice of the noncompliance to the head of the facility or program; (2) Make public the fact that a notice of noncompliance has been issued to the facility or program. Copies of the notice shall be sent to appropriate hospitals and social service agencies; (3) Send a copy of the notice of noncompliance to any concerned federal, state or local government agencies. The facility or program shall post in a conspicuous location in the facility or program a copy of the notice of noncompliance and a copy of the most recent inspection report.		
Monitor may be assigned by	In any situation described in section 630.763 the department may place a person to act as a monitor in the facility. The monitor shall observe operation of the residential facility and shall advise it on how to comply with state laws and regulations, and shall submit a written report		

department--to advise operator as to compliance--report to department. RSMo 630.766	periodically to the department on the operation of the facility.		

Definitions for RSMo 630 that are mentioned within the table

(1) "Administrative entity", a provider of specialized services other than transportation to clients of the department on behalf of a division of the department;

7) "Day program", a place conducted or maintained by any person who advertises or holds himself out as providing prevention, evaluation, treatment, habilitation or rehabilitation for persons affected by mental disorders, mental illness, mental retardation, developmental disabilities or alcohol or drug abuse for less than the full twenty-four hours comprising each daily period;

(30) "Resident", a person receiving residential services from a facility, other than mental health facility, operated, funded or licensed by the department;

(31) "Residential facility", any premises where residential prevention, evaluation, care, treatment, habilitation or rehabilitation is provided for persons affected by mental disorders, mental illness, mental retardation, developmental disabilities or alcohol or drug abuse; except the person's dwelling;

(32) "Specialized service", an entity which provides prevention, evaluation, transportation, care, treatment, habilitation or rehabilitation services to persons affected by mental disorders, mental illness, mental retardation, developmental disabilities or alcohol or drug abuse;

(33) "Vendor", a person or entity under contract with the department, other than as a department employee, who provides services to patients, residents or clients.

Responsibilities of MRDD and Administrative Entities
Revised March 7, 2007

Function	MRDD Responsibility	Related Resp?	Administrative Entities' Responsibility
Statewide Plan/Medicaid Waiver	Statutory responsibility	N	
Standards and Regulations Development and Enforcement	Statutory responsibility	Y	Input into standards (via rulemaking process). Admin. entity meets standards, and works with service providers to meet standards
Quality Assurance	Multiple statutory responsibilities for Q/A: data collection and analysis, monitoring, tracking, trending, reporting; program evaluation	Y	Q/A process (data collection and trend monitoring) within own agency; provide data to MRDD for annual review, including consumer satisfaction surveys. Possible role in relation to service providers.
Resource Administration			
Contracts	Statutory responsibility	Yes	Role in contracts with service providers. Provider agreements utilizing local funds.
Provider technical assistance	Statutory responsibility	Y	Admin. entity also assists providers
Provider development	Statutory responsibility to cooperate to establish, conduct, integrate and coordinate programs and projects	Y	Capacity building and training for service providers; identify and develop community resources.
Resource allocation	Statutory responsibility		
Provider monitoring/ oversight	Statutory responsibility	Y	Oversight of service providers for Q/A (see Q/A above)
Investigation Inquiries	MRDD responsibility	Maybe	Potential role in investigation of service providers other than administrative entity itself

Business/ Administration			
Human resources	Statutory responsibility for Regional Center staff	N	
Accounting	Statutory responsibility	N	
Education coordinator	See provider technical assistance and development	Y	Capacity building and training for service providers; identify and develop community resources
Clinical			
Services (therapies, nursing, dietitician, behavior analysis)	Statutory responsibility for contracts and oversight	Y	Assure availability and access to full range of services in collaboration with the Regional Centers
Human Rights Committee	Established in Code of State Regulations	Y	Shared responsibility
Consumer Relations			
Eligibility	Statutory responsibility for eligibility determination	Y	Intake process and procedures
Waitlist management	Statutory responsibility	Y	Potential role in managing local waitlists
Support Coordination	Oversight and support to organizations doing targeted case management	N	
Transitions (Hab Centers, Children from school)	Statutory responsibility to cooperate to establish, conduct, integrate and coordinate programs and projects, and to develop plans for transition from hab centers	Y	Admin. entity works with Regional Centers, and identifies and develops community resources.
In-home Support Team	Statutory responsibility to cooperate to establish, conduct, integrate and coordinate programs and projects	Y	Admin. entity works with community, service providers and individuals/families, in collaboration with the Regional Centers
Parent and caregiver education/training	Statutory responsibility to provide public information re MRDD	Y	Admin. entity works with individuals and families

Case Management/ Service Coord.	Statutory responsibility for contracts and oversight. DMH must provide if services are not available at the community level.	Y	Provided by administrative entity (after a transition period)
Referral systems for related services (e.g. medical)	Statutory responsibility for contracts and oversight; cooperation/coordination	Y	Establish local referral networks
Education re services and choices available	Statutory responsibility to provide public information re MRDD	Y	Admin. entity works with community, service providers and individuals/families
Outreach			
Early identification and casefinding	Statutory responsibility for eligibility determination and resource development	Y	Admin. entity works with community and individuals/families, performs local outreach and intake
Community and agency education (e.g., police)	Statutory responsibility to provide public information re MRDD	Y	Admin. entity works with communities
Other Functions			
Complaint/grievance procedures	Potential role for Regional Centers as ombudsmen	Y	Admin. entity implements procedures to address complaints